KEY POINTS

- Most failures/complications associated with surgery of the eyelids are the result of poor suture selection and poor suture placement. Correct suture selection and placement will ensure a favorable outcome and prevent self-trauma.
- Magnification is essential to accurately repair and re-position adnexal tissue.
- Pre-operative NSAID’s will improve post-operative comfort and outcome.
- Following adnexal surgery, warm, moist compress of the sutures, keeping them free of debris will greatly improve outcome.

The first point to remember is the eyelids have only one purpose, to serve the cornea. Entropion occurs when there is an in-turning of the eyelid resulting in corneal irritation and possible ulceration. Left untreated, it may result in corneal vascularization, pigmentation and fibrosis. While most veterinarians have no difficulty recognizing and diagnosing entropion, surgical correction is often less than satisfactory.

It must be first recognized that most, if not all canine entropion is also associated with macroblepharon and a weak lateral canthus. Failure to correct these will result in a less than acceptable surgical outcome and possible the need for a repeat surgical procedure. In addition, many surgeons fail to perform a modified Hotz-Celsius procedure in the correct location, instead making their incisions too far from the eyelid margin. Finally, incorrect suture selection may be associated with irritation, blepharitis and self-trauma.

In general, the normal canine eyelid when stretched will measure 23-26mm medial to lateral in length. Prior to entropion repair, the eyelid length should be measured using a Jamieson caliper and a lateral canthoplasty performed to shorten the eyelid to the correct length OU. Many entropic eyelids will measure >35mm prior to shortening. Following the lateral canthoplasty, a modified Hotz-Celsius procedure is performed with the initial incision parallel to and 2mm from the eyelid margin. Closure of both the lateral canthoplasty and the modified Hotz-Celsius procedure is performed using 6-0 monofilament, non-absorbable suture. These techniques will address the majority of canine entropion. For more severe entropion, as seen in the Shar-Pei and Chow Chow it may be necessary to resort to more aggressive procedures such as a brow-sling or stellate rhytidectomy.